HILLVIEW HEALTHCARE CENTER

1615 SOUTH 22ND STREET

1010 BOOTH ZZND BIRDDI			
MILWAUKEE 53204 Phone: (414) 671-6	830	Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operati	on: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/02):	71	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02):	90	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	61	Average Daily Census:	58

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %				
Home Health Care	No			Age Groups	%		45.9
Supp. Home Care-Personal Care	No	•		!			21.3
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	16.4	•	32.8
Day Services	No	Mental Illness (Org./Psy)	32.8	65 - 74	14.8		
Respite Care	No	Mental Illness (Other)	14.8	75 - 84	34.4		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	31.1	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.6	95 & Over	3.3	Full-Time Equivale	nt
Congregate Meals	No	Cancer	3.3			Nursing Staff per 100 R	esidents
Home Delivered Meals	No	Fractures	3.3		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	8.2	65 & Over	83.6		
Transportation	No	Cerebrovascular	18.0			RNs	6.6
Referral Service	No	Diabetes	1.6	Sex	용	LPNs	6.4
Other Services	Yes	Respiratory	1.6			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	14.8	Male	44.3	Aides, & Orderlies	46.4
Mentally Ill	No			Female	55.7	1	
Provide Day Programming for			100.0			1	
Developmentally Disabled	No				100.0	1	

Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care			Managed Care								
Level of Care	No.	96	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	250	46	90.2	123	0	0.0	0	4	80.0	123	1	100.0	123	0	0.0	0	55	90.2
Intermediate				5	9.8	102	0	0.0	0	1	20.0	119	0	0.0	0	0	0.0	0	6	9.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		51	100.0		0	0.0		5	100.0		1	100.0		0	0.0		61	100.0

HILLVIEW HEALTHCARE CENTER

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
Deaths During Reporting Period													
					% Needing		Total						
Percent Admissions from:		Activities of	90	As	sistance of	% Totally	Number of						
Private Home/No Home Health	1.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents						
Private Home/With Home Health	4.0	Bathing	0.0		75.4	24.6	61						
Other Nursing Homes	6.7	Dressing	23.0		55.7	21.3	61						
Acute Care Hospitals	82.7	Transferring	29.5		50.8	19.7	61						
Psych. HospMR/DD Facilities	1.3	Toilet Use	27.9		45.9	26.2	61						
Rehabilitation Hospitals	4.0				23.0	11.5	61						
Other Locations	0.0	*******	*****	*****	*****	*****	******						
Total Number of Admissions	75	Continence		%	Special Treat	ments	8						
Percent Discharges To:		Indwelling Or Extern	al Catheter	14.8	Receiving F	Respiratory Care	6.6						
Private Home/No Home Health	19.5	Occ/Freq. Incontinen	t of Bladder	34.4	Receiving T	racheostomy Care	0.0						
Private Home/With Home Health	22.1	Occ/Freq. Incontinen	t of Bowel	31.1	Receiving S	Suctioning	0.0						
Other Nursing Homes	3.9				Receiving C	stomy Care	1.6						
Acute Care Hospitals	20.8	Mobility			Receiving T	'ube Feeding	6.6						
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving M	Mechanically Altered Diet	s 36.1						
Rehabilitation Hospitals	0.0												
Other Locations	1.3	Skin Care			Other Residen	t Characteristics							
Deaths	32.5	With Pressure Sores		9.8	Have Advanc	e Directives	100.0						
Total Number of Discharges		With Rashes		3.3	Medications								
(Including Deaths)	77				Receiving F	Sychoactive Drugs	68.9						

		Ownership: Proprietary		Bed	Size:	Lic	ensure:		
	This			50	-99	Ski	lled	Al	1
	Facility	Peer	Peer Group % Ratio		Group	Peer Group		Faci	lities
	90	olo			% Ratio		% Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	64.4	81.9	0.79	86.7	0.74	84.2	0.77	85.1	0.76
Current Residents from In-County	100	83.1	1.20	90.3	1.11	85.3	1.17	76.6	1.30
Admissions from In-County, Still Residing	37.3	18.8	1.99	20.3	1.84	21.0	1.78	20.3	1.84
Admissions/Average Daily Census	129.3	182.0	0.71	186.6	0.69	153.9	0.84	133.4	0.97
Discharges/Average Daily Census	132.8	180.8	0.73	185.6	0.72	156.0	0.85	135.3	0.98
Discharges To Private Residence/Average Daily Census	55.2	69.3	0.80	73.5	0.75	56.3	0.98	56.6	0.98
Residents Receiving Skilled Care	90.2	93.0	0.97	94.8	0.95	91.6	0.98	86.3	1.05
Residents Aged 65 and Older	83.6	87.1	0.96	89.2	0.94	91.5	0.91	87.7	0.95
Title 19 (Medicaid) Funded Residents	83.6	66.2	1.26	50.4	1.66	60.8	1.38	67.5	1.24
Private Pay Funded Residents	8.2	13.9	0.59	30.4	0.27	23.4	0.35	21.0	0.39
Developmentally Disabled Residents	0.0	1.0	0.00	0.8	0.00	0.8	0.00	7.1	0.00
Mentally Ill Residents	47.5	30.2	1.57	27.0	1.76	32.8	1.45	33.3	1.43
General Medical Service Residents	14.8	23.4	0.63	27.0	0.55	23.3	0.63	20.5	0.72
Impaired ADL (Mean)	45.9	51.7	0.89	48.9	0.94	51.0	0.90	49.3	0.93
Psychological Problems	68.9	52.9	1.30	55.5	1.24	53.9	1.28	54.0	1.28
Nursing Care Required (Mean)	8.0	7.2	1.11	6.8	1.18	7.2	1.11	7.2	1.11